

**MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH  
BUREAU OF COMMERCIAL SERVICES**

Date Received

(FOR BUREAU USE ONLY)

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Name



Address

City

State

Zip Code

EXPIRATION DATE:  
DECEMBER 31,

 Document will be returned to the name and address you enter above.  
If left blank document will be mailed to the registered office. 

**CERTIFICATE OF ASSUMED NAME**

**For use by Corporations, Limited Partnerships and Limited Liability Companies**

(Please read information and instructions on reverse side)

*Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), Act 162, Public Acts of 1982 (nonprofit corporations), Act 213, Public Acts of 1982 (limited partnerships), or Act 23, Public Acts of 1993 (limited liability companies), the corporation, limited partnership, or limited liability company in item one executes the following Certificate:*

1. The name of the corporation, limited partnership, or limited liability company is:

\_\_\_\_\_

2. The identification number assigned by the Bureau is:

3. The assumed name under which business is to be transacted is:

\_\_\_\_\_

4. This document is hereby signed as required by the Act.

**COMPLETE ITEM 5 ON LAST PAGE IF THIS NAME IS ASSUMED BY MORE THAN ONE ENTITY.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Type or Print Title or Capacity)

\_\_\_\_\_  
(Limited Partnerships Only - Indicate Name of General Partner if the General Partner is a corporation or other entity)

Preparer's Name \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**INFORMATION AND INSTRUCTIONS**

1. This form may be used to draft your Certificate of Assumed Name. A document required or permitted to be filed under the act cannot be filed unless it contains the minimum information required by the act. The format provided contains only the minimal information required to make the document fileable and may not meet your needs. This is a legal document and agency staff cannot provide legal advice.
2. Submit one original of this document. Upon filing, the document will be added to the records of the Bureau of Commercial Services. The original will be returned to your registered office address, unless you enter a different address in the box on the front of this document.

Since this document will be maintained on electronic format, it is important that the document be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.

3. The Certificate is effective for a period expiring on December 31 of the fifth full calendar year following the year in which it was filed, unless a Certificate of Termination is filed.
4. When the same name is assumed by more than one entity, each participant corporation, limited partnership, or limited liability company must simultaneously file a separate *Certificate of Assumed Name*. The assumed name will be effective for the same period for each participant.
5. Item 1 - The name is the name contained in the original, amended, or restated Articles of Incorporation, Certificate of Limited Partnership, or Articles of Organization. The name of a foreign corporation, limited partnership, or limited liability company, is that name under which it obtained its authority to transact business or conduct affairs in Michigan.
6. Item 2 - Enter the identification number assigned by the Bureau. If this number is unknown, leave it blank.
7. The Certificate must be signed by

**CORPORATIONS:** an authorized officer or agent.

**LIMITED PARTNERSHIPS:** a general partner.

**DOMESTIC LIMITED LIABILITY COMPANIES:** a manager, if managed by one or more managers, a member if management remains in the members, or an authorized agent of the company.

**FOREIGN LIMITED LIABILITY COMPANIES:** a person with authority to do so under the laws of the jurisdiction of its organization.

8. **NONREFUNDABLE FEE:** Make remittance payable to the State of Michigan. Include name and identification number on check or money order.

**CORPORATION OR LIMITED PARTNERSHIP ..... \$10.00**  
**LIMITED LIABILITY COMPANY ..... \$25.00**

**To submit by mail:**

Michigan Department of Labor & Economic Growth  
 Bureau of Commercial Services  
 Corporation Division  
 7150 Harris Drive  
 P.O. Box 30054  
 Lansing, MI 48909

**To submit in person:**

2501 Woodlake Circle  
 Okemos, MI  
 Telephone: (517) 241-6470

Fees may be paid by VISA or Mastercard when delivered in person to our office.

**MICH-ELF (Michigan Electronic Filing System):**

First Time Users: Call (517) 241-6470, or visit our website at <http://www.michigan.gov/corporations>  
 Customer with MICH-ELF Filer Account: Send document to (517) 241-9845

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

5. If the same name is assumed by two or more corporations, limited partnerships, or limited liability companies, or any combination thereof, each participant corporation, limited partnership, or limited liability company shall file a separate certificate. Each assumed name certificate shall reflect the correct true name or qualifying assumed name of the other corporations, limited partnerships, or limited liability companies which are simultaneously adopting the same assumed name.

An entity that already has the assumed name shall simultaneously file a Certificate of Termination of Assumed Name and a new Certificate of Assumed Name.

Listed below in alphabetical order are the participating corporations and/or limited partnerships and/or limited liability companies and their identification numbers.

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